Recommended Adult Immunization Schedule

UNITED STATES - 2009

Note: These recommendations must be read with the footnotes containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group

VACCINE AGE GROUP ►	19–26 years	27-49 years	50–59 years	60-64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV)	3 doses (females)				
Varicella [.]	2 doses				
Zoster				1 do	ose
Measles, mumps, rubella (MMR)	1 or 2 o	loses	1 dose		
Influenza [.]		1	dose annual	l y	
Pneumococcal (polysaccharide)	1 or 2 doses			1 dose	
Hepatitis A [.]	2 doses				
Hepatitis B ⁻	3 doses				
Meningococcal [.]			1 or more doses		

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VMERS report are available at www.vensers his poy or by treiphone, 800-825-976. Information to notwo to file a Vaccine injury Compensation Program claim is available at www.hrss.gov/vaccinecompensation or by telephone, 800-825-9282. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Markison Place N.W. Weshinston D.B. C. 20005: Helenhore, 207-357-6400.

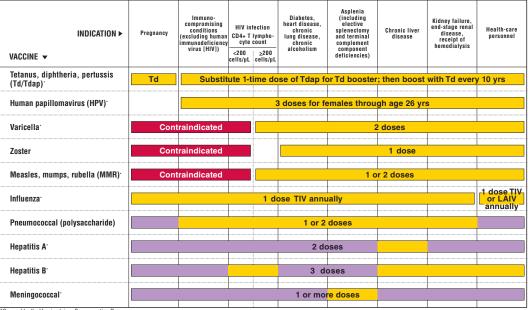
Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/ vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week. Use of trade names and commercial sources is for tieldinication only and does not imply andorsement by the ILS Department of Health and Human Services. The recommendations in this schedule were approved by the:

Centers for Disease Control and Prevention's (CDC)

Advisory Committee on Immunization Practices (ACIP)

American Academy of Family Physicians (AAFP)
American College of Obstetricians and Gynecologists (ACOG)
American College of Physicians (ACP)

Figure 2. Vaccines that might be indicated for adults based on medical and other indications



*Covered by the Vaccine Injury Compensation Program.

Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of Alauny 1, 2009. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccines do the components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the vacq. consult the manufacturer's package inserts and the complete statements from the Advisory

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

NN SERVICE.

No recommendation



